



Bldg.549

WILSON INFORMATION SERVICES CORPORATION



Date Requested: _____

Microcomputer Training Lab Request Form

Please review [Policy for Use of Scientific Library Microcomputer Lab](#)

Requestor's Name: _____ Email Address: _____

Telephone Number: _____ Bldg./Rm: _____ Program: _____

Purpose of Using Lab: _____

Date of Proposed Class(es): (mm/dd/yy) _____

Class Hours: **from** _____ **to** _____ Number of Students: _____ (maximum 10 students)

Trainer Name: _____ and Phone Number: _____

Test Person's Name: _____ and Phone Number: _____

Software Needed and Version (Requires minimum 11 user licenses):

Status: 1) _____ One-time only **OR**

Anticipate Future Classes:

_____ Several sessions within this calendar year **OR**

_____ Ongoing for indefinite time

2) _____ Already Installed **OR**

_____ Needs Upgrade **OR**

_____ Needs New Installation

3) Software Source:

_____ Stand-alone **OR**

_____ Web-based

Additional Needs: _____

LIBRARY USE ONLY

Installation Date Scheduled for _____ Installed by: _____

Tested by: _____ Date and Time: _____

Testing Results: _____

Follow-up Notes: _____

Library Staff Time: _____

NATIONAL CANCER INSTITUTE AT FREDERICK
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